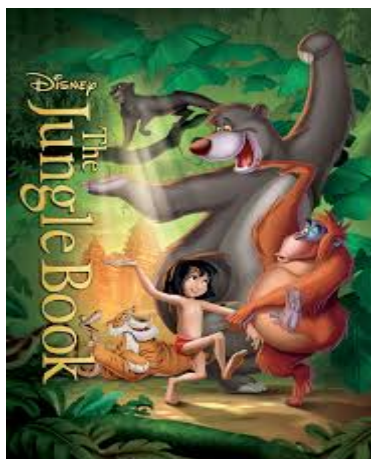


**JODI ADAMS
SUMMER
MUSICAL THEATRE**

Maybe it will be

Or it could be



Songs include toe tappers like
"I Wanna Be Like You"
and
"The Bare Necessities"

Favorite Songs like
"Chim Chim Chere-ee" and
"SUPERCALIFRAGILISTIC"



It could even be
High School Musical or
Aristocats

Disney gives us endless possibilities



\$215.00 Registration Fee

Children in Grades 1-6.....Come join the cast of Jodi Adams Summer Musical Theater and be part of a Disney Musical !!!!!

Your participation will determine which show is selected.

We can work around summer vacations, just let us know when you will be away from rehearsal.

Rehearsals are on Wednesdays, beginning July 8, 4-6:15 through the show date of September 9

Run through is August 26 Dress Rehearsal September 2

Show Date September 9

Registration Form

Please make checks payable to: Jodi Adams. Drop off at the Recreation Department or mail to: PO Box 56, Belmont, MA

Name	D.O.B.	Grade
Address	email	
Home Phone	Emergency Number	

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

Signature of participant (or legal guardian if under 18 years of age) Date